

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

05

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		268897.92
(b) Cash on Hand at Beginning of Reporting Period	203357.27	
(c) Total Receipts (from Line 19)	49457.54	147282.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	252814.81	416180.18
7. Total Disbursements (from Line 31)	36568.86	199934.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	216245.95	216245.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44738.33	117143.66
(i) Itemized (use Schedule A)		
(ii) Unitemized	4257.00	27866.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	48995.33	145010.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	48995.33	145010.32
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	462.21	2271.94
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49457.54	147282.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49457.54	147282.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	568.86	2334.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	568.86	2334.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	195000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2500.00	2600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	2500.00	2600.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36568.86	199934.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36568.86	199934.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48995.33	145010.32
34. Total Contribution Refunds (from Line 28(d))	2500.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46495.33	142410.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	568.86	2334.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	462.21	2271.94
38. Net Operating Expenditures (subtract Line 37 from Line 36)	106.65	62.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 9d25c824d49347eeba7b

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jay H. Alexander

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 4c309fc2db2715b44996

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

William B. Bauman

Mailing Address 670 Pine Point Drive

City

Akron

State

OH

Zip Code

44304-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: a1c1cd628662489f9587

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Ray Beckman

Mailing Address 3208 East Colonial Drive Suite 264

City

Orlando

State

FL

Zip Code

32803-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Chapter, American
College of C

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: b4cbc36d541d470ca4d7

Amount of Each Receipt this Period

2501.00

B.

Full Name (Last, First, Middle Initial)

Shashikumar S. Bellur

Mailing Address 600 Riverpointe Drive Suite 101

City

Conroe

State

TX

Zip Code

77304-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 2daf43e2849c4bf2aa49

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael N. Boriss

Mailing Address 1002 Willets Road

City

Marmora

State

NJ

Zip Code

08210-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Heart and Lung
Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: d94a6e203d6e4e72903e

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3001.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick C. Breaux

Mailing Address 1317 Killdeer Street

City

New Orleans

State

LA

Zip Code

70121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 111406240d7149e1bd56

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alan S. Brown

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City

Naperville

State

IL

Zip Code

60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 4646b327d6bd2d17d5f3

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Vincent J. Bufalino

Mailing Address 583 Hill Avenue

City

Glen Ellyn

State

IL

Zip Code

60540-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: f4b5889d688e44bba3ff

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda P. Calhoun

Mailing Address 106 Chimney Lane

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmington Cardiology PLLC

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 7418d3346b1f4225a9c3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dennis A. Calnon

Mailing Address 7300 Penneyroyal Place

City

Dublin

State

OH

Zip Code

43214-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Hos-
pital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 4e637cfe2fa549b1a31f

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael P. Cecil

Mailing Address 4103 Club Drive, Northeast

City

Atlanta

State

GA

Zip Code

30014-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: dacb2bcda43d4d60a26d

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain

Mailing Address 1819 Breamar Drive

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: 4c0b8dbd9ac5d0bcb017

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bernard A. Clark

Mailing Address 95 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Francis Hospital and
Medical Centre

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Transaction ID: 1b903e247e31410ea2af

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bernard A. Clark

Mailing Address 95 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Francis Hospital and
Medical Centre

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 481a830e23565620b7ff

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark W. Clark

Mailing Address 1 Waterford Circle

City

Hampton

State

VA

Zip Code

23666-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tidewater Heart Special-
ists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 39f94d7e22b74c6f8cce

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge

Mailing Address 4308 88th Avenue Northwest

City

Gig Harbor

State

WA

Zip Code

95825-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Chapter of the
ACC

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 37b04da8cebe4ded9dfd

Amount of Each Receipt this Period

2501.00

C.

Full Name (Last, First, Middle Initial)

George H. Crossley

Mailing Address 276 Stratton Court

City

Brentwood

State

TN

Zip Code

37203-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 4bee587491424ed899af

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3751.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. James De Sando

Mailing Address 10660 E Pantano Trail

City

Tucson

State

AZ

Zip Code

85730-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 9720efc122b3407e8f9b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marco N. Diaz

Mailing Address 20 Cross Hill Road

City

Cape Elizabeth

State

ME

Zip Code

04107-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 97f0c64ed6794f4a81ed

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mary L. Dohrmann

Mailing Address 3904 Frontenac Place

City

Columbia

State

MO

Zip Code

65203-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Missouri-Co-
lumbia, Schoo

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: e5e92abdf4c0461d9c7f

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James T. Dove

Mailing Address #7 East Shore Lane

City

Springfield

State

IL

Zip Code

62701-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Cardiovascular Co-
nsultants, Lt

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: cc5ccab3b9744947b6eb

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Hanna M. El-Khouri

Mailing Address 43380 Woodward Avenue, Ste105

City

Bloomfield Hills

State

MI

Zip Code

48302-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 35d92302c4ec4fee6c

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Blair D. Erb

Mailing Address 905 Highland Boulevard Suite 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
Bozeman

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: b92ca0ab0fc0468dbfa3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James V. Faris

Mailing Address 3716 Devonshire Ln

City

Bloomington

State

IN

Zip Code

47408-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Associa-
tes

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 4186215211c84416b32c

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ronald M. Gabor

Mailing Address 2394 Northwest 49th Lane
Suite# 304

City

Boca Raton

State

FL

Zip Code

33428-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 1a42950ab80544eb9d65

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kirk N. Garratt

Mailing Address 130 East 77th Street 9th Floor

City

New York

State

NY

Zip Code

10075-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenox Hill Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 3954242a89bd41a7a046

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ray I. Georgeson

Mailing Address 123 Renaissance Place

City

Statesville

State

NC

Zip Code

28677-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Healthcare-Speci-
alists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: fa2219af51a244aeafef

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth L. Gibbs

Mailing Address 9250 South Tropical Trail

City

Merritt Island

State

FL

Zip Code

32901-3183

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Really Useful Cardiol-
ogy Company

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 45ff2fbc101047858586

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark R. Gordon

Mailing Address 4520 W 69th Street

City

Sioux Falls

State

SD

Zip Code

57108-8148

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Central Heart Insti-
tute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 732ba80debad4420aef7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sudhir K. Gupta

Mailing Address 4 Jarrot Drive

City

Shawnee

State

OK

Zip Code

74804-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 36cafb16a85a42cea34d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David J. Hale

Mailing Address 611 Lake Road

City

Glen Ellyn

State

IL

Zip Code

60007-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: c3bf390ebb10460b9f50

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John G. Harold

Mailing Address 2473 Jupiter Dr

City

Los Angeles

State

CA

Zip Code

90046-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars-Sinai Medical Cent-
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 873d2ff744b44b298213

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard L. Haronian

Mailing Address 6 Camelback Way

City

Westerly

State

RI

Zip Code

02891-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Specialists,
Ltd. & Yale C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: 0173d8002e884a869e2d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patrick Hope

Mailing Address 2400 N Street Northwest
Heart House

City

Washington

State

DC

Zip Code

20037-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

Director, Legislative Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

Transaction ID: 566025b48f404c9d9892

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jake H. Ichino

Mailing Address 343 Elm Street Suite 400

City

Reno

State

NV

Zip Code

89503-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Heart Physicians

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: a3bc20fa49194b2883fb

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sandeep Joshi

Mailing Address 3824 Brigade Circle
Mpc-2 #300

City State Zip Code
Carmel IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group at Methodi-
st

Occupation
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: befd1b9a39674ee68b8f

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alan H. Kadish

Mailing Address 9400 Avers
251 E Huron

City State Zip Code
Evanston IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: e7ca153eb7bf4893bfb5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerry D. Kennett

Mailing Address 1101 Canterbury Drive

City State Zip Code
Columbia MO 65203-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Cardiovascular
Specialists

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 4ce11574073744068ad0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph M. Kiernan

Mailing Address 201 Ridgewood Court

City

Vienna

State

VA

Zip Code

22180-3571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Group, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: dafd71d2caae4e4f8c81

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Raffi K. Krikorian

Mailing Address 3760 S Lindbergh Boulevard # 101

City

Saint Louis

State

MO

Zip Code

63127-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Cardiology
Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 5294bd75142649ca9e5c

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Vijay S. Kusnoor

Mailing Address 2670 McFaddin Street

City

Beaumont

State

TX

Zip Code

77702-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 4a43c04a119e4b2e9816

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William A. Kutchera

Mailing Address 13822 Arboretum Street

City

Anchorage

State

AK

Zip Code

99516-7612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Heart Institute LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 1b160c03a1004877b535

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barry K. Lewis

Mailing Address 25806 Island Lake Drive

City

Novi

State

MI

Zip Code

48334-3275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiology,
PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 12796878fd06489884db

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jerre F. Lutz

Mailing Address 4627 Shiloh Ridge Trail
1365 Clifton Road Northeast

City

Snellville

State

GA

Zip Code

30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University School
of MedicineDep

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 3218a56f0cb54894afa0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George M. Massoud

Mailing Address 2200 E First Street Suite 1612

City

Alamogordo

State

NM

Zip Code

88310-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 49aeabc8f5dc49e587dc

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kevin J. McCullum

Mailing Address 25 Monument Drive Suite 200

City

York

State

PA

Zip Code

17403-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiac Diagnostic Assocs.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 466d31dde7d742049b0e

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

J. Scott Millikan

Mailing Address 3319 Alpine Drive

City

Billings

State

MT

Zip Code

59102-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 7a8564f401cf4a4b9c2a

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Mirro

Mailing Address 2005 Prestwick Lane

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 2ebc425ed7e44712a9a1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Mirro

Mailing Address 2005 Prestwick Lane

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 4f42a10a8b15fb2c58ac

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John A. Mondelli

Mailing Address 1 Bennington Road

City

Morristown

State

NJ

Zip Code

07960-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris County Cardiology
Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: c31e59f5f3a441b184a7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alberto E. Montalvo

Mailing Address 5928 Riverview Boulevard

City

Bradenton

State

FL

Zip Code

34205-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradenton Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: bbad3b006fde4c189b89

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alan Morasch

Mailing Address 15740 Springbrook Court

City

Lake Oswego

State

OR

Zip Code

98683-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Chapter of the Amer-
ican College

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 8c0a45c726ed4e469570

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

N. N. Morse

Mailing Address 2400 N Street Northwest
Heart House

City

Washington

State

DC

Zip Code

20037-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

Political & Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 8686e7bffb6e4f3f9e95

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sanjeev D. Ravipudi

Mailing Address 2317 Deer Creek Court

City

Columbia

State

MO

Zip Code

65201-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Cardiovascular
Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 962279adb5c54c07a59e

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William H. Resh

Mailing Address 2017 Troon Drive

City

Henderson

State

NV

Zip Code

89074-0669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 9dbc8b92976a4e70866d

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

J. William Richardson

Mailing Address 1230 Valentine Drive

City

Dubuque

State

IA

Zip Code

52001-7313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Assocs Clinic PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 6e34b4cbd0b242b2858b

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen H. Royal

Mailing Address 6080 Midus Street

City

Hope Mills

State

NC

Zip Code

28348-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Cardiology,
P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 2c912e0134474c7f9e87

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen H. Royal

Mailing Address 6080 Midus Street

City

Hope Mills

State

NC

Zip Code

28348-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Cardiology,
P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 57bde5e759e643598313

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

R. Gregory Sachs

Mailing Address 92 Mountain Avenue

City

Summit

State

NJ

Zip Code

07922-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: a7ee60da64e6442ab3b2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory C. Sampognaro

Mailing Address 2503 Point Drive

City

Monroe

State

LA

Zip Code

71201-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 921ce416399b4823b7c6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Pillutla V. Sastry

Mailing Address 100 Bentley Avenue

City

Jersey City

State

NJ

Zip Code

07304-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERNAL MED.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: b2e2d8c5d3624cd4adbf

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard P. Seher

Mailing Address PO Box 10701

City

Reno

State

NV

Zip Code

89503-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Heart PhysiciansElm
Street Profes

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 66df4836a2064828bed8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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FOR LINE NUMBER: PAGE 27 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

M. Eugene Sherman

Mailing Address 5110 South Hanover Way

City

Englewood

State

CO

Zip Code

80011-6742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Associates,
PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: d7c558df718348759142

Amount of Each Receipt this Period

2501.00

B.

Full Name (Last, First, Middle Initial)

Chittur A. Sivaram

Mailing Address 1616 Boomer Trail North
PO Box 26901

City

Edmond

State

OK

Zip Code

73190-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma &
DVA Medical C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 9762b56e0ae44c5386cd

Amount of Each Receipt this Period

2500.00

Refunded on 4/16/08

C.

Full Name (Last, First, Middle Initial)

Richard W. Snyder

Mailing Address 5514 Yolanda

City

Dallas

State

TX

Zip Code

75230-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 647364a7846c496bba02

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7501.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark D. Stewart

Mailing Address 2400 N Street Northwest
Heart House

City State Zip Code
Washington DC 20037-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation
Evidence-Based Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 37391ab3849b4687abb9

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard F. Terry

Mailing Address 8 Highland Park

City State Zip Code
Wheeling WV 26003-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: ded79a666ddd4dcfadf6

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Michael C. Turner

Mailing Address 5140 Highway 397

City State Zip Code
Bell City LA 70601-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Specialists
of Southwes

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 123a1a1584b04f55b829

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William R. Vetter

Mailing Address 5301 F Street Suite 117

City

Sacramento

State

CA

Zip Code

95819-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: 74a4941f93fa423ca764

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael A. Votaw

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation

Division, V.P., F&O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 404d7c26e6824c10b350

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Howard T. Walpole

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37205-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Health Services

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3502.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: a445367151d44da1baf0

Amount of Each Receipt this Period

2502.00

SUBTOTAL of Receipts This Page (optional)

3002.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary N. Walsh

Mailing Address 428 West 83rd Place

City

Indianapolis

State

IN

Zip Code

46260-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 4f9ca7295398b16015ee

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael C. Widmer

Mailing Address 2753 Northeast Red Oak Drive

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 25a4aec56c12431ca20e

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson

Mailing Address 755 Mount Vernon Highway Suite 530

City

Atlanta

State

GA

Zip Code

30328-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5214038d331142719b90

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 31 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John H. Windsor

Mailing Address 745 Augsburg Avenue

City

Bismarck

State

ND

Zip Code

58501-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Lung Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: c2b01698fe4c228a99f

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stuart A. Winston

Mailing Address 3055 Cottontail Ct

City

Ann Arbor

State

MI

Zip Code

48103-1775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Heart, P. C. Mich-
igan Heart &

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 54bd895854c74ef7924a

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Wolk

Mailing Address 876 Park Avenue

City

New York

State

NY

Zip Code

10021-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 41bcab34e64afb3a8655

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

433.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Samuel H. Zimmern

Mailing Address 3601 Knapdale Lane

City

Charlotte

State

NC

Zip Code

28203-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanger Clinic, PA

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 221b6c1ecf3049599489

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

44738.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2271.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 91a013f91ddb6294a60

Amount of Each Receipt this Period

462.21

Remimburse for Mar. Amex
and Apr. Merchant Fees

SUBTOTAL of Receipts This Page (optional)

462.21

TOTAL This Period (last page this line number only)

462.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: Vf3558eb89e1ba20bc5c Date of Disbursement <div> <div>04</div> <div>30</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement April Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.31</div>
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement April Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M99204-2799951434135 Date of Disbursement <div> <div>04</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>10.00</div>
C. Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741 Purpose of Disbursement April Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V99204-0120508074760 Date of Disbursement <div> <div>04</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>225.66</div>

SUBTOTAL of Disbursements This Page (optional)

485.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

April Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M99204-5889398455619

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

82.89

SUBTOTAL of Disbursements This Page (optional) ►

82.89

TOTAL This Period (last page this line number only) ►

568.86

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress Inc	Transaction ID: 7009a45db895ae3d6d4 Date of Disbursement																				
Mailing Address PO Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City LaFayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Charles W. Boustany, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07																					
B. Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committee	Transaction ID: f52d9b356e1016220bc Date of Disbursement																				
Mailing Address 98 East Avenue Rear Building	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Norwalk State CT Zip Code 06851	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Christopher Shays	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04																					
C. Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)	Transaction ID: 86b59cb8d4d503ebc21 Date of Disbursement																				
Mailing Address 1831 Bay Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Continuing a Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial)

Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

Transaction ID: 85307059239995defbc
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2500.00

B. Elizabeth Dole Committee Inc

Full Name (Last, First, Middle Initial)

Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
2008 Primary

Candidate Name
Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NC District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3c200c4cbadbdd9d104
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

C. Engel for Congress

Full Name (Last, First, Middle Initial)

Engel for Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
2008 Primary

Candidate Name
Eliot L. Engel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 17

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 0b196cba864f3babad9
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

Transaction ID: 42d21f721b71c017a60
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Friends of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2008 Primary

Candidate Name
Gordon H. Smith

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4a748cc22955ab28476
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Friends of John Boehner

Mailing Address 7908-12 Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
2008 General

Candidate Name
John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 08

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 80df129846a3f7f3c70
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St. PO Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
2008 PrimaryCandidate Name
Stephen E. Buyer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 8dbf996481bf8238a33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
John Kerry for SenateMailing Address 10 G Street NE
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement
2008 GeneralCandidate Name
John F. Kerry011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: 9dc91b3bed0168324d3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
John Sullivan for Congress Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
2008 PrimaryCandidate Name
John Sullivan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 201ee551f5abbd87258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Keller for Congress	Transaction ID: a3bbe5a4304c974499e Date of Disbursement																				
Mailing Address PO Box 1453	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Primary Candidate Name Ric Keller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Nathan Deal for Congress	Transaction ID: 9ffd15860af6fff5aa3 Date of Disbursement																				
Mailing Address PO Box 902	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Gainesville State GA Zip Code 30503	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 357212184e54028ffd5 Date of Disbursement																				
Mailing Address PO Box 8331	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Primary Candidate Name Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City
SpringfieldState
MAZip Code
01108Purpose of Disbursement
2008 PrimaryCandidate Name
Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ President

State: MA

District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33be38505e2039629fa

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

33500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chittur A Sivaram

Mailing Address 1616 Boomer Trail North
PO Box 26901

City Edmond State OK Zip Code 73190-0001

Purpose of Disbursement
Refund

Candidate Name

010
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 92086-16524904966354

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

2500.00